

Exhibit A
Supplemental Affidavit of Carl Rowe

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA**

JOHN P. POLCASTRO, SR.,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 1:05-cv-00909-MEF-VPM
)	
GREG WARD, et al.,)	
)	
Defendants.)	

SUPPLEMENTAL AFFIDAVIT OF CARL ROWE

STATE OF ALABAMA)
)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Carl Rowe, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Carl Rowe. I am over the age of nineteen and competent to make this affidavit. I am the Jail Administrator for the Geneva County Detention Facility.
2. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Detention Facility.
3. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.
4. Upon admission to the Geneva County Detention Center all inmates, including the Plaintiff are issued a mattress, a blanket, a care package with toiletries, a towel, a washcloth, eating utensils, two jumpsuits, and one pair of slippers. Inmates must have their own sheets brought in to the detention facility. Inmates are allowed to have the following items brought to

them in the detention facility: a coat, a grey or white sweat suit, shower shoes, gym shorts, and three pairs of boxers.

5. Blankets are laundered between inmates. In the interim, they can also be laundered upon inmate request.

6. Inmates are taken outside for exercise twice a day, five days a week except on holidays.

7. It is the policy of the Geneva County Sheriff's Department that all inmates committed to the Geneva County Jail be given access to the courts. This is accomplished through various means, including allowing routine visits with inmates from their attorneys, access to mail and a telephone, including free mail service to indigent inmates, and by access to the County's law library. The Geneva County Sheriff's Department does not maintain a separate law library for the Geneva County Jail. The only library located in Geneva County, Alabama to which members of the public have access is that located at the Geneva County Courthouse. Inmates may, at any time, make a request to use the County law library. After a request is made to use the County law library, inmates are taken there at the first available time that officers are available to supervise the use, and when no danger to the public will be presented by the presence of the inmate. In addition, inmates may, at any time, request a specific book, or copy of a publication from the library. Such requests are responded to by obtaining the requested item from the library and bringing it to the jail for the inmate's use.

8. Indigent inmates are provided with paper, envelopes, and stamps. Non-indigent inmates may purchase these items within the detention facility.

9. Internal grievance procedures at the Geneva County Detention Facility are available to all inmates. It is the policy of the Geneva County Detention Facility that inmates are permitted to

submit grievances and that each grievance will be acted upon accordingly. Inmates are given an inmate grievance form upon their request to complete and return to a detention center staff member for any grievance they may have. It is further the policy and procedure of the Geneva County Detention Facility to place each such grievance in the inmate's file for a record of the same. No grievance forms are ever thrown away by Detention Facility staff as such would be a violation of the Geneva County Detention Facility policy.

10. Upon my review of the Plaintiff's inmate file, there is no grievance filed by him, and I have not received a grievance from the Plaintiff concerning the allegations made the basis of his Complaint. Had I received such a grievance, I would have followed procedures and responded to the grievance accordingly.

11. Copies of all written request forms are placed in the inmate's file per the policy of the Geneva County Detention Facility.

12. Inmates are served three meals a day, seven days a week. Meals are based on pre-planned menus to ensure that a balanced diet is followed. Healthy portions of food are served at each meal. See Exhibit 1 to this affidavit, Geneva County Jail Menu, January 16, 2006 – January 26, 2006.

13. Since the filing of the Defendants' Special Report, the Plaintiff has also been taken to the dentist for tooth extraction. See Exhibit 2 to this affidavit, Geneva County Jail Prisoner Activity Sheet, Notes dated January 9, 2006, and Exhibit 3 to this affidavit, Invoice from Dr. Thomas Parish dated January 24, 2006.

14. I certify and state that the documents from Plaintiff's Inmate File provided to the Court which are attached to the Defendants' Special Report are true and correct copies of these

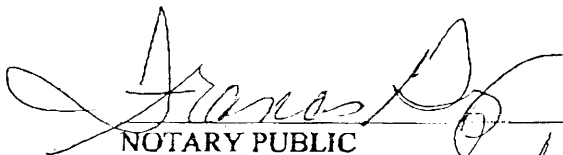
records, kept at the Geneva County Detention Facility in the regular course of business. I am the Custodian of these Records.

15. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.



CARL ROWE

SWORN TO and SUBSCRIBED before me this 7th day of February, 2006.



NOTARY PUBLIC

My Commission Expires:

Sept 26th 2006

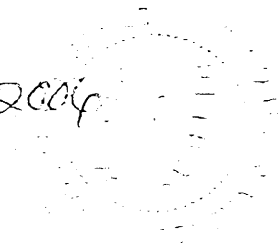


Exhibit 1
Geneva County Jail Menu
January 16, 2006 – January 26, 2006

General G Jail Menu

MONDAY JAN. 16, 2006

BREAKFAST

SAUSAGE
Biscuit
Grits
Coffee

LUNCH

HAMBURGER PATTY
Noodles + GRAVY
MIXED Vegetables
BREAD
TEA

DINNER

Chicken Patty
RICE + GRAVY
MIXED Vegetables
Cookies
TEA

TUESDAY, JAN. 17, 2006

BREAKFAST

FRENCH TOAST
Grits
Syrup
Coffee

LUNCH

MEATLOAF
Northern BEANS
CORN
CORN BREAD
TEA

DINNER

HOT DOG
BAKED BEANS
Chips
CHOC. PUDDING
TEA
MMK

WEDNESDAY JAN. 18, 2006

BREAKFAST

EGGS
Grits
Waffles
Syrup
Coffee

LUNCH

STEAK NUGGETS
RICE
PEAS + CARROTS
BREAD
TEA
Ketchup

DINNER

Bologna
BREAD
BAKED BEANS
Chips
Cookies
TEA
MMK

THURSDAY JAN. 19, 2006

BREAKFAST

Sausage
Biscuit

Grits

Jelly

Coffee

LUNCH

Pizza
Baked Beans

Cookies

TEA

DINNER

Hot Dog

BREAD

Baked Beans

Chips

TEA

MMK

FRIDAY JAN. 20, 2006

BREAKFAST

Grilled Cheese

Grits

Coffee

LUNCH

Chicken Patty

Potatoes

Blackeyed Peas

Cornbread

TEA

DINNER

Bologna

BREAD

Chips

Cookies

TEA

MMK

SATURDAY JAN. 21, 2006

BREAKFAST

Eggs

Grits

Biscuit

Jelly

Coffee

LUNCH

Hamburgers

BBLN

Baked Beans

Chips

TEA

MMK

DINNER

Hot Dog

BREAD

Tator tots

Cookies

TEA

MMK

SUNDAY JAN. 22, 2006

BREAKFAST

EGGS
GRITS
Waffles
SYRUP
COFFEE

LUNCH

BAKED HAM
POTATOES
GREEN BEANS
BREAD
TEA

DINNER

Bologna
BREAD
MACE Cheese
COOKIES
TEA
MMK

MONDAY JAN 23, 2006

BREAKFAST

SAUSAGE
Biscuit
GRITS
COFFEE

LUNCH

Hamburger Patty
Noodles & Gravy
Mixed Vegetables
BREAD
TEA

DINNER

Chicken Patty
RICE & GRAVY
Mixed Vegetables
COOKIES
TEA

TUESDAY JAN 24, 2006

BREAKFAST

FRENCH Toast
GRITS
SYRUP
COFFEE

LUNCH

Meatloaf
Northern Beans
Corn
Corn Bread
TEA

DINNER

Hot Dog
BREAD
Baked Beans
Chips
Choc Pudding
TEA
MMK

WEDNESDAY JAN. 25, 2006

BREAKFASTEGGS
GRITS
Waffles
Syrup
CoffeeLUNCHSteak Nuggets
Rice
Peas + Carrots
Bread
Tea
KetchupDINNERDogs
Bread
Chips
Cookies
Tea
MMK

THURSDAY JAN. 26, 2006

BREAKFASTSausage
Biscuit
Grits
Jelly
CoffeeLUNCHPizza Pp.
Baked Beans
Cookies
TeaDINNERHot Dog
Bread
Baked Beans
~~Chips~~ Chips
Choc. Pudding
Tea
MMK

FRIDAY JAN 27, 2006

BREAKFAST

Exhibit 2
Geneva County Jail Prisoner Activity Sheet,
Notes dated January 9, 2006

Dr. Thomas Parish

706 W Maple Ave
 GENEVA, AL 36340
 (334)684-3096

January 24, 2006

JOHN POLCASTRO
 P O BOX 115
 GENEVA, AL 36340

ID: 15980

Account Aging	
Current	\$222.00
30 Day	\$95.00
60 Day	\$0.00
90 Day	\$0.00
Contract	\$0.00
Balance Due	\$317.00
Estimated Ins	\$0.00
Balance Due Now	\$317.00

<u>Date</u>	<u>Provider</u>	<u>Transaction</u>
01/24/06	Thomas Parish Jr. DMD	07140 Single Tooth,Extraction

<u>Tth</u>	<u>Surface</u>	<u>Fee</u>
21		50.00
Subtotal:		50.00

Tax: 0.00

Today's Charges: 50.00

+ Previous Balance: 267.00

Balance Due: \$317.00

Contract Balance	Estimated Insurance	Previous Balance	Charges Today	Payments Today	Adjustments Today	Balance Due Now
0.00	0.00	267.00	50.00	0.00	0.00	317.00

Future Family Appointments:

<u>Patient:</u>	<u>Next Appointment:</u>	<u>Patient:</u>	<u>Next Appointment:</u>	<u>Patient:</u>	<u>Next Appointment:</u>
15980 JOHN POLCASTRO	2/13/2006 @ 8:30 am				

Exhibit 3
Invoice from Dr. Thomas Parish
Dated January 24, 2006

Prisoner's Activity Sheet:

DATE	Prisoner's Name:
1-9-06	John - F/CASTRO
1-17-06	When To RA HANKE - Next - 1-17-06 order Some Sentencing Teeth fixed and San Dentar - Close
1-23-06	SUBJECT SENTENCED TO 4 YEARS 1-23-06

Exhibit B
Inmate File of John P. Polcastro, Sr.

INMATE PROPERTY INVENTORY

NAME: John Polcastro DATE: 8-1-05

BILLFOLD ☐ CURRENCY \$ _____ WATCH ☐

GLASSES ☐ RING ☐ BRACELET ☐

LIGHTER ☐ KNIFE ☐ NECKLACE ☐

1. Wallet

2. lighter / MAILED out

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

SIGNATURE OF OFFICER TAKING PROPERTY G. H. H. H.

SIGNATURE OF INMATE _____

I THE UNDERSIGNED DO HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED ALL OF MY PERSONAL PROPERTY AND EFFECTS AND HEREBY WAIVE ANY AND ALL CLAIMS AGAINST THE COUNTY OF GENEVA, ALABAMA

DATE 1/24/06 SIGNATURE [Signature]

GENEVA COUNTY JAIL IS NOT RESPONSIBLE FOR ANY ITEMS LEFT OVER 72 HOURS.

GENEVA COUNTY JAIL

BOOKING SHEET

Probation Check _____

Warrant Book _____

Date 8-1-05 Time 10⁰⁴ PMName Polcastro John Phillip
(LAST) (FIRST) (MIDDLE)

Alias _____

Date of Arrest 8-1-05 Social Security No. 096-44-7848Race W Sex M Age 52 Eyes GREEN Hair BROWNHt. 5'7" Wt. _____ DOB 5-2-53 Photo _____ F.P. _____Address 405 W WASHINGTON ST. SAMSON, AL
(STREET) (APT.) (CITY) (STATE) (ZIP)

Telephone _____ I.D. No. _____

NCIC Check _____

Next of Kin _____ Relationship _____

Address _____
(STREET) (APT.) (CITY) (STATE) (ZIP)Charge Public Intox Bond _____ Charge Disorderly Conduct Bond _____Charge ARSON 2 Bond _____ Charge Resisting Arrest Bond _____Charge Crim Mischief Bond _____ Charge 2nd Conviction Bond 32000.00ARRESTING OFFICER Shane Aendite
(PLEASE PRINT)

Signature _____

AGENCY SamsonBOOKING OFFICER W. M. L. L.
(PLEASE PRINT)RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released _____

Date of Release _____ Time _____ Type of Release _____

Signature of Releasing Officer _____

P.O.E. _____

OCCUPATION _____

P.O.B. ItalyHOLD Geneva Co.WARRANT # 2005-000718-00

WARRANT # _____

WARRANT # _____

WARRANT # _____

BOOKING SHEET

Inmate Name _____ Date _____ Time _____

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- | | |
|---|---|
| <input type="checkbox"/> a. Asthma | <input type="checkbox"/> g. Alcoholism |
| <input type="checkbox"/> b. Heart Trouble | <input type="checkbox"/> h. Mental Illness |
| <input type="checkbox"/> c. Hypertension | <input type="checkbox"/> i. Venereal Disease |
| <input type="checkbox"/> d. Diabetes | <input type="checkbox"/> j. Tuberculosis |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer |
| <input type="checkbox"/> f. Drug Addiction | <input type="checkbox"/> l. Faintly of recent head injury |
| | <input type="checkbox"/> m. Hepatitis |

If any response was yes, please explain and give date of last treatment. _____

2. Are you allergic to anything? YES If yes, what? IODINE
(FOOD) FISH NO TYPE OF FISH

3. Have you ever been determined to be HIV positive? NO If yes, when? _____

4. Are you currently taking any prescription medication? NO If yes, what? _____

For what? _____

5. Does the inmate require a special diet prescribed by a physician? NO If yes, what? _____

For what? _____

6. Do you have any other medical or mental problem we should know about? NO If yes, what? _____

GENEVA COUNTY JAIL

I, _____, HAVE BEEN ADVISED BY
THE JAILER OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO SEARCH BY
AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR
CORRESPONDENCE WITH COURT OFFICIALS

X
INMATE SIGNATURE

DATE 08, 02, 05 12 PM

Mark J. McPherson
JAILERS SIGNATURE

DATE 08, 02, 05 12 PM

BOOKING SHEET

Inmate Name _____ Date _____ Time _____

1. Check One:

_____ This inmate was cooperative in responding to the above questions and allowing me to observe him.

_____ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability:

2. I certify that I have today observed inmate _____, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

Signature of Booking Officer

Date: _____

Time: _____

INMATE MEDICATION LOG (GENEVA COUNTY JAIL)

INMATE NAME July Rodriguez CELL R

DATE TIME MEDICATION OFFICER INMATE SIGN

1-17-06	5 ⁰⁰ PM	1	10 ⁰⁰ AM	1	UNLR	[Signature]
1-18-06	6 AM	1			RB	[Signature]
1-18-06	Noon	1			PBW	[Signature]
1-18-06	5 ⁰⁰ PM	1	10 ⁰⁰ PM	1	UNLR	[Signature]
1-19-06	6 AM	1			Ro	[Signature]
1-19-06	Noon	1			RB	[Signature]
1-19-06	5 ⁰⁰ PM	1	10 ⁰⁰ PM	1	UNLR	[Signature]
1-20-06	6 AM	1			Ro	[Signature]
1-20-06	Noon	1			PBW	[Signature]
1-20-06	5 PM	1	10 PM		UNLR	[Signature]
1-21-06	6 AM	1			Ro	[Signature]
1-21-06	Noon	1			UNLR	[Signature]
1-21-06	5 AM	1	10 AM	1	UNLR	[Signature]
1-22-06	6 AM	1			RB	[Signature]
1-22-06	Noon	1			UNLR	[Signature]

1. Hydrocodone 1 tab 4 x day

LAST
Pill

Prisoner's Activity Sheet

DATE	Prisoner's Name:
1-17-06	John - P/CASIRO
1-17-06	When To RA NARRISH - Next - 1-17-06
	order Some Sentence Teeth for
	and San Denton - Clear
1-23-06	Subject SENTENCED TO 4 YEARS 1-23-06

GENEVA COUNTY JAIL
Prisoner's Activity Sheet

DATE	Prisoner's Name:
8-2-05	DISORDERLY CONDUCT 1,000.00
	PUBLIC INTOX 1,000.00
	2 TIME CONVICTED FELONY 1,000.00
	TOL. \$32,000.00
8-2-05	Finger Prints Ab OK everything
	10-4 - move Rts send 7th up to 5th
8-3-05	1st AP Bond stay the same.
8-2-05	AP at 1:30 p - OK Mitchum Ag. OK
	By J.A.
8-23-05	Subject was served with warrant for TOP'SND Bond 2,500.00 had 1st AP - THIS DAY -
8-26-05	Had 1st on latest charge - TOP 2nd - 2500.00
8-31-05	Called OD Mitchum.
8-31-05	DR. MITCHUM OFF, CALLED EVERYTHING ALRIGHT
11-1-05	Served with 2 Grand Jury #62 & #118 Arrest 2nd 25,000. TOP'SND 2,500.00
12-14-05	On Judge MRS SARK To make AP Eye - S. Kunt
1-9-06	2:00 AP PARRISH
1-9-06	1:00 AP PARRISH

GENEVA COUNTY JAIL
Prisoner's Activity Sheet

DATE	Prisoner's Name: John Phillip Polastro
8-1-05	Subject was brought in by 3403 from Samson. The subject was bleeding & very disorderly cursing the deputy, so I told him to go to H/C, when he got up he pushed 3403 & tried to hit him, 3403 showed him, he hit the wall & was knocked out. We called 911, when they got here he refused any medical help & cursed us all out. We got him in H/C, and 3413 came in & talked him into going to E.R. 3403 said to book him in on Samson charges for now, with County charges coming.
8-2-05	Subject brought back from Uregras Emergency Room by 3413 Has Suro Bonf on left eye upper eye brow, also has scratches on head and drew blood sample.
8-2-05	JUDGE SET BONDS 25,000.00 NEED 1ST PRISON 2ND 25,000.00 ASSAULT 3RD 1,000.00 CRIMINAL MISCHIEF 3RD X2 1,000.00 EACH

To: Carl Lowe

From: J-34

Re: Smoke privilege, R/S

Date: 09.06.05

Inmates - Billygene Williamson
- John Palastro Sr.

Blunt to take responsibility for
trying to sneak smoke para in R/S.
They state the others shouldn't suffer
Because of them.

Mark Jackson.
J-34

- ① Public Drunkenness 1,000.00
- ② CRIMINAL MISCHIEF 3rd 1,000.00
- ③ Disorderly Conduct 1,000.00
4. Resisting Arrest 1,000.00
- 5 ARSON 2nd 25,000.00
- 2 ASSAULT 3rd 1,000.00
- 7 Convicted Felony X2 1,000.00

GENEVA COUNTY JAIL
INMATE REQUEST FORM

NAME John Polcastro CELL _____ DATE 8-9-05
TELEPHONE CALL _____ MEDICAL X DENTAL _____ HEARING REQUEST _____
GRIEVANCE _____ VISIT _____ PERSONAL PROBLEM _____ OTHER _____
SHERIFF _____ JAIL ADMINISTRATOR _____ JUDGE _____ NOTARY _____

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

During my arrest I was hit in the
head. My glasses were broken. I had
a concussion and some head hurts
alot. My plate for my tooth is broken. I
CANT see out of my left eye. I need some
Medical Attention PLEASE.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER _____ MATRON _____ JAIL ADMINISTRATOR _____ SHERIFF _____
JAILER _____ [Signature] DATE 8-12-05 TIME 1:40 PM
SIGNATURE

TO BE PLACED IN INMATE'S FILE

[Signature] 8-25-05

GENEVA COUNTY JAIL INMATE REQUEST FORM

NAME John P. [unclear] CELL 240 DATE 2/3/05
 TELEPHONE CALL MEDICAL ✓ DENTAL ✓ HEARING REQUEST
 GRIEVANCE VISIT PERSONAL PROBLEM OTHER
 SHERIFF JAIL ADMINISTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

*I am still waiting for the case record on [unclear].
 The Dr. said I need to go to a Dentist and
 call Dr. [unclear] at the Prison. The case [unclear]
 [unclear] made me wait 25 days to go to a Dr. I
 was told from [unclear] to go. I sent [unclear]
 to request. He said [unclear] will [unclear] allow
 me to go to the dentist or not.*

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR SHERIFF

JAILER SIGNATURE DATE TIME

TO BE PLACED IN INMATE'S FILE

GENEVA COUNTY JAIL
INMATE REQUEST FORM

CC FILE-JP

NAME John Polastro CELL R DATE 10/27/05

TELEPHONE CALL _____ MEDICAL _____ DENTAL _____ HEARING REQUEST _____

GRIEVANCE _____ VISIT _____ PERSONAL PROBLEM _____ OTHER _____

SHERIFF ☒ JAIL ADMINISTRATOR _____ JUDGE _____ NOTARY _____

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

A few weeks ago you told me how you would
 like to "be that" I would go to the Dentist and Doctor
 and a regular Doctor for the personal back
 and shoulder. I've been waiting for something all
 the above happened when the Police Officer beat
 on me.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER _____ MATRON _____ JAIL ADMINISTRATOR _____ SHERIFF _____

JAILER _____ DATE _____ TIME _____

SIGNATURE

TO BE PLACED IN INMATE'S FILE

O.D. MITCHUM, M.D.
100 W. LAKE PROFESSIONAL PARK, STE. ONE
GENEVA, AL 36340
(334) 684-9400

OFFICE VISITS - EST. PT.		VACCINES		REMOVAL F.B. EYE	
MINIMAL	99211	FLU - G0008	90659	FINE NEEDLE BIOPSY BREAST	19100
PROB FOCUS	99212	PNEUMONIA - G0009	90732	INGROWN NAIL REMOVAL	11730
EXPD PROB FOCUS	99213	TETANUS - 90471	90703	IRRIGATION EARS	69210
DETAIL / LC	99214	ADM / INJECTION	90782	TRIGGER POINT INJ.	20550
COMP / MC	99215	ADM / ANTIBIOTIC INJECTION	90788	INJ. ASP - SMJIT.	20600
				INTERN. JT	20605
		LABORATORY		MAJIT	20610
OFFICE VISITS - NEW PT		BASIC METABOLIC PANEL		80048	
PROB FOCUS	99201	GENERAL HEALTH PANEL		80050	
EXPD PROB FOCUS	99202	ELECTROLYTE PANEL		80051	
DETAIL / LC	99203	COMPREHENSIVE METABOLIC		80053	
COMP / MC	99204	LIPID PANEL		80061	
		ARTHRITIS PANEL (RH9)			
		ACUTE HEPATITIS PANEL		80074	
PREV MED EST PT		HEPATIC FUNCTION PANEL		80076	
18-39 YRS	99395	ANEMIA I PROFILE		31000	
40-64 YRS	99396	VENIPUNCTURE - G0001		36415	
65 & OLDER	99397	GLUCOSE		82947	
		HCT		85013	
PREV MED NEW PT		HEMOCCULT		82270	
18-39 YRS	99385	HEMOC. SCREENING		G0107	
40-64 YRS	99386	PSA		84153	
65 & OLDER	99387	PAP SMEAR		88150	
		PAP SMEAR SCREENING		Q0091	
INJECTIONS		TINE TEST		8658*	
AMPICILLIN 500MG	J0290	URINALYSIS		81000	
B12 (UP TO 1000 MG)	J3420	URINE PREGNANCY		81025	
CELESTONE (3MG)	J0702	Tsh		84443	
ESTROGEN	J1390	T4		84439	
DEPO. PROVERA 100 MG	J1055	CBC		85025	
ROCEPHIN (250 MG)	J0696	HgBAIC		83036	
IRON DEXTRAN (2CC) 50MG	J1750	B-12 LEVEL		82607	
VISTARIL (UP TO 25 MG)	J3410				
SOLGANAL (UP TO 50 MG)	J2910				
DEPOTESTOSTERONE 100MG	J1070				
DEPOTESTOSTERONE 200MG	J1080	PROCEDURES			
KENALOG (10MG)	J3301	I&D. SIMPLE		10060	
		I&D. COMPLICATED		10061	
		EXCISION - LESION		11xxx	
		HYFRECACTION - LESION		1700x	
Diagnosis				Next Appt.	
1	Continued		5		
2			6	RX's	
3			7		
4			8		
Special Orders				Signature	
				O.D. Mitchum, MD	

Ins: (none)

Col. Bal: \$0.00

Acc. Bal: \$1,131.00

Charges:

Paid:

Acc: 000980044-01 GENEVA COUNTY COMMISSION
Seq: 021063 PD: 1 ATTN: DONNA JONES
Dat: 08/25/05 14:04 PD BOX 430
Sts: RP- PP GENEVA AL 36340

ALABAMA UNIFORM ARREST REPORT

Fingerprinted	R84 Completed
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION	1 ORI #	2 AGENCY NAME	3 CASE #	4 SFX
	5 LAST, FIRST, MIDDLE NAME	6 ALIAS AKA		
	7 SEX	8 RACE	9 HT	10 WT
	11 EYE	12 HAIR	13 SKIN	14
ARREST	15 PLACE OF BIRTH (CITY, COUNTY, STATE)	16 SSN	17 DATE OF BIRTH	18 AGE
	19 MISCELLANEOUS ID #	20 SID #	21 FINGERPRINT CLASS	22 DL #
	23 ST	24 FBI #	25 IDENTIFICATION COMMENTS	
	26 <input checked="" type="checkbox"/> RESIDENT	27 HOME ADDRESS (STREET, CITY, STATE, ZIP)	28 RESIDENCE PHONE	29 OCCUPATION (BE SPECIFIC)
VEHICLE	30 EMPLOYER (NAME OF COMPANY/SCHOOL)	31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)	32 BUSINESS PHONE	
	33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP)	34 SECTOR #	35 ARRESTED FOR YOUR JURISDICTION?	
	36 CONDITION OF	37 RESIST ARREST?	38 INJURIES?	39 ARMED?
	40 DESCRIPTION OF WEAPON	41 DATE OF ARREST	42 TIME OF ARREST	43 DAY OF ARREST
JUVENILE	44 TYPE ARREST	45 ARRESTED BEFORE?	46 CHARGE-1	47 UCR CODE
	48 CHARGE-2	49 UCR CODE	50 STATE CODE/LOCAL ORDINANCE	51 WARRANT #
	52 DATE ISSUED	53 STATE CODE/LOCAL ORDINANCE	54 WARRANT #	55 DATE ISSUED
	56 CHARGE-3	57 UCR CODE	58 CHARGE-4	59 UCR CODE
RELEASE	60 STATE CODE/LOCAL ORDINANCE	61 WARRANT #	62 DATE ISSUED	63 STATE CODE/LOCAL ORDINANCE
	64 WARRANT #	65 DATE ISSUED	66 ARREST DISPOSITION	67 IF OUT ON RELEASE
	68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)	69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)	70 VYR	71 VMA
	72 VMO	73 VST	74 VCO	75 TAG #
RELEASE	76 VIN	77 LTB	78 LTY	79 IMPOUNDED?
	80 STORAGE LOCATION/IMPOUND #	81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED	82 JUVENILE	83 RELEASED TO
	84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME)	85 ADDRESS (STREET, CITY, STATE, ZIP)	86 PHONE	
	87 PARENTS EMPLOYER	88 OCCUPATION	89 ADDRESS (STREET, CITY, STATE, ZIP)	90 PHONE
RELEASE	91 DATE AND TIME OF RELEASE	92 RELEASING OFFICER NAME	93 AGENCY/DIVISION	94 ID #
	95 RELEASED TO:	96 AGENCY/DIVISION	97 AGENCY ADDRESS	
	98 PERSONAL PROPERTY RELEASED TO ARRESTEE	99 PROPERTY NOT RELEASED/HELD AT:	100 PROPERTY #	
	101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE)	102 SIGNATURE OF RECEIVING OFFICER	103 SIGNATURE OF RELEASING OFFICER	
RELEASE	104 CASE #	105 SFX	106 CASE #	107 SFX
	108 CASE #	109 SFX	110 ADDITIONAL CASES CLOSED	111 ARRESTING OFFICER (LAST, FIRST, M.)
	112 ID #	113 ARRESTING OFFICER (LAST, FIRST, M.)	114 ID #	115 SUPERVISOR
	116 WATCH CMDR.	117 ID #	118 WATCH CMDR.	119 ID #

TYPE OR PRINT IN BLACK INK ONLY

PUBLIC INTOY
RESISTING ARREST
ARSON
CRIMINAL MISCHIEF
DISORDERLY CONDUCT

SAMSON CHARGES

\$ 32,000.⁰⁰
TOTAL

WIREGRASS MEDICAL CENTER1200 W. MAPLE AVE.
GENEVA, AL 36340
(334) 684-3655**ED-OP
HOME INSTRUCTION SHEET**

MEDICAL RECORD NO.				BILLING NO.				I.D. NO.			
INFORMATION											
4. CLASS		5. DATE		6. TIME		7. SRD		8. TYPE		9. SLD	
10. PATIENT'S LEGAL NAME (Last, First, Middle Initial)				11. SEX		12. RACE		13. BIRTHDATE		14. AGE	
15. HEIGHT				16. WEIGHT		17. SS		18. MG		19.	
20. WORK TELE				21. HOME TELE		22. WORK TELE		23. HOW PATIENT ARRIVED			
24. COMPLAINT				25. PROC CD		26. PROCEDURE		27. LOC		28. TIME	
29. PHYSICIAN CALLED				30. ATTENDING PHYSICIAN		31. FAMILY PHYSICIAN					

SPRAIN, FRACTURE, & SEVERE BRUISES <ul style="list-style-type: none"> <input type="checkbox"/> Elevate the injured part above level of heart to lessen swelling. If pillows flatten, use chair cushions with pillows or blanket for comfort. <input type="checkbox"/> Ice packs also help prevent swelling, especially during the first 48 hours. <input type="checkbox"/> Place ice in plastic or rubber bag, cloth covering; after 48 hours, use heat. <input type="checkbox"/> If you have an elastic bandage, rewrap it if too tight or loose. Remove at bedtime and replace in A.M. <input type="checkbox"/> If you have a cast, keep it perfectly dry at all times. <input type="checkbox"/> Wiggle toes or fingers to help prevent swelling in the cast—this should be done often if it does not cause pain. <input type="checkbox"/> If the part swells anyway or gets cold, blue or numb or pain increases markedly, have it checked promptly. <input type="checkbox"/> Use crutches. 	BACK AND NECK INJURY INSTRUCTIONS <ul style="list-style-type: none"> <input type="checkbox"/> USE HEAT OR COLD ON THE INJURED AREA - whichever seems to help the most. Be careful not to burn yourself. <input type="checkbox"/> Rest as much as possible until you are improved. <input type="checkbox"/> Avoid positions and movement that make the pain worse. <input type="checkbox"/> Relax emotionally - if you are tense the problem will on be worse. <input type="checkbox"/> Gentle but firm massage will increase circulation in sore muscles and helps to clear the soreness. <input type="checkbox"/> Wear special collar when out of bed. 	HEAD INJURY INSTRUCTIONS <p>Persons who receive blows to the head may have injuries that cannot always be seen by X-ray or examination soon after accident. For the next 24 hours it is important that these instructions be followed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Awaken the patient every two hours, even at night, to be sure he knows where he is and is not confused. <input type="checkbox"/> Check eyes to see that both pupils are of equal size. <input type="checkbox"/> Prevent the taking of sleeping pills, tranquilizers or alcohol. <input type="checkbox"/> Restrict excessive work or play. <p>Call your family doctor or local hospital immediately if the patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develops a severe headache. <input type="checkbox"/> Vomits more than twice within a short time. <input type="checkbox"/> Is confused, faints or is hard to awaken. <input type="checkbox"/> Has a pupil of one eye larger than the other. <input type="checkbox"/> Complains of double vision. <input type="checkbox"/> Shows abnormal behavior such as staggering or walking into things.
X-RAY INSTRUCTIONS <p>Your X-rays have been read by the attending physician in the Emergency Dept. For your added protection, your X-rays will be reread the next morning by Radiology Dept. If any abnormalities are found that have not been called to your attention, you and your doctor will be called immediately. (Please be certain that the Emergency Dept. has a phone number where you can be reached.) Sometimes fractures or abnormalities may not show up on X-rays for several days. If your symptoms continue or get worse, call your doctor. More X-rays may need to be taken. If you are referred to another physician, come by the hospital and pick up your X-ray and take them with you to the doctor's office. Please call ahead to X-ray Dept.</p>	WOUND CARE (Cuts, Abrasions, Burns, Stitches) <ul style="list-style-type: none"> <input type="checkbox"/> Keep the dressings clean and dry. <input type="checkbox"/> Elevate the wound to help relieve soreness and help speed wound healing. <input type="checkbox"/> Despite the greatest care, any wound can be infected. If your wound becomes red, swollen, shows pus or red streaks, or feels more sore instead of less sore as days go by, you must report to your doctor right away. <input type="checkbox"/> Dressing should be changed in _____ days. <input type="checkbox"/> Treatment rendered _____ <input type="checkbox"/> Tetanus Toxoid given _____ 250 units of tetanus immune globulin was given. To complete your immunization, you must receive two additional doses of toxoid 4-6 weeks apart. Call your physician for the next dose. <input type="checkbox"/> Warm soaks to area 4 times daily. 20-40 minutes each time. <input type="checkbox"/> Continuous warm compresses. 	VOMITING & DIARRHEA <ul style="list-style-type: none"> <input type="checkbox"/> Do not feed anything for 4 hours. <input type="checkbox"/> After 4 hours, if there is not vomiting and/or diarrhea, offer 2 tablespoons (1 ounce) of any of the following: clear liquids, Coke, Gingerale, 7-up, weak tea, Gatorade or Jello, water. If patient is hungry you may add 1 teaspoon of sugar to each ounce of liquid. <input type="checkbox"/> UNDER NO CIRCUMSTANCES USE MILK OR MILK PRODUCTS. <input type="checkbox"/> The 2 tablespoons of liquid may be offered every hour. If after 4 hours no vomiting has occurred, the amount may be slowly increased. <input type="checkbox"/> Using no more than 1/2 glass (4 ounces) of liquid at a time continue this treatment for 24 hours. <input type="checkbox"/> Contact your doctor's office for further instructions after 24 hours.
GENERAL INSTRUCTIONS <ul style="list-style-type: none"> <input type="checkbox"/> Stay in bed/may go to bathroom. <input type="checkbox"/> Use vaporizer. <input type="checkbox"/> Drink large amounts of liquids. <input type="checkbox"/> Take _____ aspirin every 4 hours. <input type="checkbox"/> Avoid any use of injured part. <input type="checkbox"/> Allow only limited use of the part. <input type="checkbox"/> You need not necessarily limit activity. <input type="checkbox"/> Fill Prescriptions given to you from Emergency Dept. and take as directed. <input type="checkbox"/> No driving or any activity requiring mental alertness after receiving medication. 	FEVER OVER 102 <ul style="list-style-type: none"> <input type="checkbox"/> Sponge with lukewarm water in the tub. <input type="checkbox"/> If temperature increases or persists for 24 hours, see your family doctor. 	ANIMAL OBSERVATION <p>Instructions for observation of any animal that may have bitten a human if that animal is available for observation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have animal taken to Veterinarian for observation. <input type="checkbox"/> If the owner should refuse to take the animal to the Veterinarian, notify the County Health Officer of the situation.
EYE INJURY <ul style="list-style-type: none"> <input type="checkbox"/> Any eye injury is potentially hazardous. <input type="checkbox"/> Any increasingly severe discomfort, redness or sudden impairment of vision should be reported immediately to your physician or eye specialist below. <input type="checkbox"/> Do not drive with eye patch. 		

ADDITIONAL INSTRUCTIONS (1) FOLLOW ABOVE HEAD INJURY INSTRUCTIONS (2) MONITOR EVERY 2-4 HOURS

I hereby acknowledge receipt of all the instructions indicated above. I understand that I have received EMERGENCY treatment only and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as indicated above. I understand that if my conditions worsen or new symptoms appear, I should contact my Doctor immediately.

PATIENT/PARENT'S SIGNATURE

NURSE'S SIGNATURE

PHYSICIAN'S SIGNATURE

SCHOOL AND WORK EXCUSE

PATIENT NAME

DATE

- ☐ No work for _____ days
- ☐ Light work for _____ days
- ☐ May return to work on _____

- ☐ No school for _____ days
- ☐ No Physical Education for _____ days
- ☐ May return to school on _____

WIREGRASS MEDICAL CENTER

PHYSICIAN'S SIGNATURE

Jail

ACRO369 ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY
CONTINUATIONCASE: CC 2005 000479.00
JUDGE ID: PBM

STATE OF ALABAMA

VS

POLCASTRO JOHN P

DATE

ACTION, JUDGMENTS, CASE NOTES

11/12/05 Motion granted. ~~PBM~~ Continued. ~~PBM~~

11/18/2005 MOTION GRANTED. CONTINUED. /s/ PBM

11/18/2005 COPY OF CAS TO DA AND HOLMES. mh

11/28/05 Letter from defendant.

11/30/05 Copy of letter to ~~att~~ atty Holmes. ~~att~~12/14/05 Waives reading of indictment, pleads not guilty. ~~att~~
Same order - all cases. ~~att~~12/14/05 - ~~att~~ D to be taken to eye doctor & dentist
if need to go. ~~att~~12/14/2005 WAIVES READING OF THE INDICTMENT AND PLEADS NOT GUILTY. SAME ORDER -
ALL CASES. /s/ PBM

12/14/2005 DEFENDANT TO BE TAKEN TO EYE DOCTOR OR DENTIST IF NEED TO GO. /s/ PBM

12/28/2005 COPY OF CAS TO DA, HOLMES, HUGHES, JAIL AND S/O. mh

ACRO370 ALABAMA JUDICIAL INFORMATION SYSTEM CASE: CC 2005 000479.00
 OPER: MAH CASE ACTION SUMMARY
 PAGE: 1 CIRCUIT CRIMINAL RUN DATE: 11/04/2005

IN THE CIRCUIT COURT OF GENEVA JUDGE: PBM

STATE OF ALABAMA VS POLCASTRO JOHN P
 405 W WASHINGTON ST

CASE: CC 2005 000479.00 SAMSON, AL 36477 0000

DOB: 05/02/1953 SEX: M RACE: W HT: 5 07 WT: 180 HR: BRO EYES: GRN
 SSN: 096047844 ALIAS NAMES:

CHARGE01: ARSON 2ND CODE01: ARS2 LIT: ARSON 2ND TYP: F #: 001
 OFFENSE DATE: 08/01/2005 AGENCY/OFFICER: 0340000 TRACY K

DATE WAR/CAP ISS: DATE ARRESTED: 08/01/2005
 DATE INDICTED: DATE FILED: 11/02/2005
 DATE RELEASED: DATE HEARING:
 BOND AMOUNT: \$25,000.00 SURETIES:

DATE 1: DESC: TIME: 0000
 DATE 2: 12/14/2005 DESC: ARRG TIME: 0900 A

TRACKING NOS: DC 2005 000906 00 /

DEF/ATY: HOLMES DAVID FRANKLIN TYPE: A TYPE:
 103 E. HWY 52.
 P O BOX 1180
 SLOCOMB AL 36375 00000

PROSECUTOR: ADAMS THOMAS KIRKE

CTH CSE: DC200500090600 CHK/TICKET NO: GRAND JURY:
 CRT REPORTER: SID NO: 000000000
 DEF STATUS: JAIL DEMAND: OPER: MAH

TRANS DATE	ACTIONS, JUDGEMENTS, AND NOTES	OPE
11/04/2005	ASSIGNED TO: (PBM) P. BEN MCLAUCHLIN, JR. (AR01)	MAH
11/04/2005	INITIAL STATUS SET TO: "J" - JAIL (AR01)	MAH
11/04/2005	FILED ON: 11/02/2005 (AR01)	MAH
11/04/2005	DEFENDANT ARRESTED ON: 08/01/2005 (AR01)	MAH
11/04/2005	ATTORNEY FOR DEFENDANT: HOLMES DAVID FRANKLI (AR01)	MAH
11/04/2005	BOND SET AT: \$25000.00 (AR01)	MAH
11/04/2005	CHARGE 01: ARSON 2ND/#CNTS: 001 (AR01)	MAH
11/04/2005	SET FOR: ARRAIGNMENT ON 12/14/2005 AT 0900A (AR10)	MAH
11/04/2005	DOCKET DATE NOTICE SENT TO PROSECUTOR (AR09)	MAH
11/04/2005	CASE ACTION SUMMARY PRINTED (AR08)	MAH
11/7/2005	Motion to Allow Defendant to Attend and Complete New Life Center Christian Revocery Program Filed by Atty. Holmes.	
11/7/2005	Motion for Medical Treatment filed by Holmes.	
11/8/05 -	<i>Motion of Medical Treatment set Nov 23 at 9:30 - PBM</i>	
11/9/2005	MOTION FOR MENTAL TREATMENT SET NOV. 23, 2005 AT 9:30 A.M. /s/ PBM	
11/9/2005	COPY OF CAS TO DA, HOLMES, JAIL AND S/O. mh	
11/16/05	<i>Motion to Continue, Atty will be set of soon the week of Thanksgiving filed by Holmes</i>	

ACRO370 ALABAMA JUDICIAL INFORMATION SYSTEM CASE: CC 2005 000480.00
 OPER: MAH CASE ACTION SUMMARY
 PAGE: 1 CIRCUIT CRIMINAL RUN DATE: 11/04/2005

THE CIRCUIT COURT OF GENEVA JUDGE: PEM

STATE OF ALABAMA VS POLCASTRO JOHN PHILLIP
 405 WEST WASHINGTON ST

CASE: CC 2005 000480.00 SAMSON, AL 36477 0000

DOB: 05/02/1953 SEX: M RACE: W HT: 5 07 WT: 000 HR: BRO EYES: GRN
 SSN: 096447848 ALIAS NAMES:

CHARGE01: THEFT OF PROP 2ND CODE01: TOP2 LIT: THEFT OF PROP TYP: F #: 001
 OFFENSE DATE: 07/14/2005 AGENCY/OFFICER: 0340000 BEN BER

DATE WAR/CAP ISS: DATE ARRESTED: 08/23/2005
 DATE INDICTED: DATE FILED: 11/02/2005
 DATE RELEASED: DATE HEARING:
 BOND AMOUNT: \$2,500.00 SURETIES:

DATE 1: DESC: TIME: 0000
 DATE 2: 12/14/2005 DESC: ARRG TIME: 0900 A

TRACKING NOS: DC 2005 001000 00 /

DEF/ATY: HOLMES DAVID FRANKLIN TYPE: A TYPE:
 103 E. HWY 52.
 P O BOX 1180
 SLOCOMB AL 36375 00000

PROSECUTOR: ADAMS THOMAS KIRKE

OTH CSE: DC200500100000 CHK/TICKET NO: GRAND JURY:
 IRT REPORTER: SID NO: 000000000
 STATUS: JAIL DEMAND: OPER: MAH

TRANS DATE	ACTIONS, JUDGEMENTS, AND NOTES	OPE
11/04/2005	ASSIGNED TO: (PBM) P. BEN MCLAUCHLIN, JR. (AR01)	MAH
11/04/2005	INITIAL STATUS SET TO: "J" - JAIL (AR01)	MAH
11/04/2005	FILED ON: 11/02/2005 (AR01)	MAH
11/04/2005	DEFENDANT ARRESTED ON: 08/23/2005 (AR01)	MAH
11/04/2005	ATTORNEY FOR DEFENDANT: HOLMES DAVID FRANKLI (AR01)	MAH
11/04/2005	BOND SET AT: \$2500.00 (AR01)	MAH
11/04/2005	CHARGE 01: THEFT OF PROP 2ND/#CNTS: 001 (AR01)	MAH
11/04/2005	SET FOR: ARRAIGNMENT ON 12/14/2005 AT 0900A (AR10)	MAH
11/04/2005	DOCKET DATE NOTICE SENT TO PROSECUTOR (AR09)	MAH
11/04/2005	CASE ACTION SUMMARY PRINTED (AR08)	MAH
11/7/2005	Motion to Allow Defendant to Attend and Complete New Life Center Christian Recovery Program filed by atty Holmes.	
11/7/2005	Motion for Medical Treatment filed by Holmes.	
11/9/05	Set Nov 23 at 9:30 AM	
11/9/2005	SET FOR HEARING ON NOV. 23, 2005 AT 9:30 A.M. /S/ PBM	
11/9/2005	COPY OF CAS TO DA, HOLMES, JAIL AND S/O. mh	

ACRO370 ALABAMA JUDICIAL INFORMATION SYSTEM CASE: CC 2005 000479.00
 OPER: MAH CASE ACTION SUMMARY
 PAGE: 1 CIRCUIT CRIMINAL RUN DATE: 11/04/2005

IN THE CIRCUIT COURT OF GENEVA JUDGE: PBM

STATE OF ALABAMA VS POLCASTRO JOHN P
 405 W WASHINGTON ST
 CASE: CC 2005 000479.00
 SAMSON, AL 36477 0000

DOB: 05/02/1953 SEX: M RACE: W HT: 5 07 WT: 180 HR: BRO EYES: GRN
 SSN: 096047844 ALIAS NAMES:

CHARGE01: ARSON 2ND CODE01: ARS2 LIT: ARSON 2ND TYP: F #: 001
 OFFENSE DATE: 08/01/2005 AGENCY/OFFICER: 0340000 TRACY K

DATE WAR/CAP ISS: DATE ARRESTED: 08/01/2005
 DATE INDICTED: DATE FILED: 11/02/2005
 DATE RELEASED: DATE HEARING:
 BOND AMOUNT: \$25,000.00 SURETIES:

DATE 1: DESC: TIME: 0000
 DATE 2: 12/14/2005 DESC: ARR TIME: 0900 A

TRACKING NOS: DC 2005 000906 00 /

DEF/ATY: HOLMES DAVID FRANKLIN TYPE: A TYPE:
 103 E. HWY 52.
 P O BOX 1180
 SLOCOMB AL 36375 00000

PROSECUTOR: ADAMS THOMAS KIRKE

CH CSE: DC200500090600 CHK/TICKET NO: GRAND JURY:
 CRT REPORTER: SID NO: 000000000
 DEF STATUS: JAIL DEMAND: OPER: MAH

TRANS DATE	ACTIONS, JUDGEMENTS, AND NOTES	OPE
11/04/2005	ASSIGNED TO: (PBM) P. BEN MCLAUCHLIN, JR. (AR01)	MAH
11/04/2005	INITIAL STATUS SET TO: "J" - JAIL (AR01)	MAH
11/04/2005	FILED ON: 11/02/2005 (AR01)	MAH
11/04/2005	DEFENDANT ARRESTED ON: 08/01/2005 (AR01)	MAH
11/04/2005	ATTORNEY FOR DEFENDANT: HOLMES DAVID FRANKLI (AR01)	MAH
11/04/2005	BOND SET AT: \$25000.00 (AR01)	MAH
11/04/2005	CHARGE 01: ARSON 2ND/#CNTS: 001 (AR01)	MAH
11/04/2005	SET FOR: ARRAIGNMENT ON 12/14/2005 AT 0900A (AR10)	MAH
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11/9/2005	MOTION FOR MENTAL TREATMENT SET NOV. 23, 2005 AT 9:30 A.M. /s/ PBM	
11/9/2005	COPY OF CAS TO DA, HOLMES, JAIL AND S/O. mh	

FINAL DISPOSITION REPORT

FD-84 (Rev. 08-31-1999)

Note: This final report must be prepared on each individual whose arrest fingerprints have been forwarded to the FBI Criminal Justice Information Services Division without final disposition noted thereon. If no final disposition is available to arresting agency, complete left side and forward the form when case referred to prosecutor and/or courts. Agency on notice as to final disposition should complete this form and submit to: FBI, CJIS Division, Clarksburg, WV 26306.

(See instructions on reverse side)

FBI No.

Name on Fingerprint Card Submitted to FBI

Last First Middle

Polcastro, John Phillip

Date of Birth 8-2-53

Sex M

Henry

Fingerprint

Classification

From FBI 1-B Response

State Bureau No. (SID)

Social Security No. (SOC)

0960-44-7845

Contributor of Fingerprints (Include complete name and location of agency together with ORI number)

Final Disposition & Date
(If convicted or subject pleaded guilty to lesser charge, include this modification with disposition.)

Leave Blank

This Form Submitted By:
(Name, Title, Agency, ORI No., City & State)

Signature

Date

Title

☐ COURT ORDERED EXPURGEMENT

Certified or Authenticated Copy of Court Order Attached.

Arrest No. (OCA)

Date Arrested or Received

8-1-05

Offenses Charged at Arrest

Public Intox

ARSON

skin misch.

Disorderly conduct

Dr. Thomas Parish
706 W Maple Ave
GENEVA, AL 36340
(334)684-3096

January 24, 2006

Account Aging	
Current	\$222.00
30 Day	\$95.00
60 Day	\$0.00
90 Day	\$0.00
Contract	\$0.00
Balance Due	\$317.00
Estimated Ins	\$0.00
Balance Due Now	\$317.00

Tth	Surface	Fee
21		50.00
Subtotal:		50.00

Date 01/24/06 Thomas Parish Jr. DMD
Provider

ID: 15980
JOHN POLCASTRO
P O BOX 115
GENEVA, AL 36340

Transaction 07140 Single Tooth, Extraction

Tax: 0.00
Today's Charges: 50.00
+ Previous Balance: 267.00
Balance Due: \$317.00

Contract	Balance	0.00
Estimated	Insurance	0.00
Previous	Balance	267.00
Charges	Today	50.00
Payments	Today	0.00
Adjustments	Today	0.00
Balance	Due Now	317.00

Future Family Appointments:
Patient: 15980 JOHN POLCASTRO 2/13/2006 @ 8:30 am
Next Appointment:
Patient:
Next Appointment:
Patient:
Next Appointment: